

745 N. Mofford Way
Globe Arizona 85501
(928)402-4224
FAX (928)425-0829



608 N. Highway 260
Payson, Arizona 85541
(928)474-9276
FAX (928)474-0802

GILA COUNTY COMMUNITY DEVELOPMENT

CLEARANCE LETTER CERTIFICATION **To Be Performed by Designers & Transfer-of-Ownership Inspectors** **Listed on the "Gila County Contractor List"**

Date: _____ APN: _____

Certifying Company: _____ Phone: _____

Current Owners Name: _____ Phone: _____

Mailing Address: _____

Property Address: _____

CESSPOOL

Cesspool in use: ☐ yes ☐ no Is there more than one cesspool on the property: ☐ yes ☐ no

Disposal method after cesspool: If any specify what it is e.g. leach line(s) or pit(s) _____

Was the cesspool pumped: yes ☐ no ☐

Is the Cesspool structurally sound? ☐ yes ☐ no Is there evidence of hydraulic overload? ☐ yes ☐ no

Comments: _____

SEPTIC TANK

Septic Tank Material: ☐ pre-cast concrete ☐ fiberglass ☐ poly ☐ other (specify) _____

Number of compartments: ☐ one ☐ two Depth of soil cover over tank: _____

Permanent marker to grade: ☐ yes ☐ no Type of marker: _____ Risers: ☐ yes ☐ no _____

Effluent filter: ☐ yes ☐ no Diverter-valve: ☐ yes ☐ no D-box : ☐ yes ☐ no

INSIDE Dimensions in feet of Septic Tank:

____ length ft x ____ width ft x ____ depth ft (below outlet level) x 7.48= _____ **Working Volume** in gallons

Liquid level in tank: ☐ at outlet pipe ☐ below outlet pipe ☐ above outlet pipe. Depth of liquid from bottom of tank _____ ft

Scum/Sludge measurements: Primary chamber: Scum depth _____ in, Sludge depth _____ in

Secondary chamber: Scum depth _____ in, Sludge depth _____ in

Septic tank should be pumped if: Scum + Sludge > 25-33% of tank volume below outlet level or Scum > 3" &/or Sludge > 12"

Was the Tank Pumped: ☐ yes ☐ no Estimate approximate age of septic system components: _____

Disposal method after tank: ☐ trench ☐ chamber ☐ bed ☐ old pit ☐ other _____

Number of leach lines: _____ Length of each line: _____ Size & Number of pits: _____

On-site Wastewater System is **"In Satisfactory Operating Condition"**: ☐ yes ☐ no Comments: _____

(OVER)

Note repairs or upgrades: _____

Bedroom and Fixture Count (required to be physically verified):

Full Bathroom(s)	_____	Kitchen(s)	_____	Utility Sink(s)	_____	Other	_____
Half Bathroom(s)	_____	Laundry	_____	Extra Sinks	_____	Other	_____
Bedrooms	_____	Office/Den	_____	Game room	_____	Other	_____

A Sketch, of the Conventional Septic System with drainfield or pit (and/or cesspool if applicable), is required (Below):
The exact location of the system is required. Provide North arrow, accurate measurements from the tank and drainfield to the home and the property line so that the components can be easily located in the future, show road name and existing pins (if the pins are not in place please state that on the sketch.....measurements from two pins is more accurate for use on a site plan). Please flag the 4 corners of the septic tank and both ends of each leach line.

I have inspected the physical and operational condition of the septic system serving this property on the date indicated below. I have completed this report to the best of my knowledge and have based the information contained in this form on observation and work performed at the time of inspection. This certification does not imply nor guarantee any future performance of this system.

Certifying Party Signature: _____ Date: _____

Name printed: _____

The Clearance Letter Certification is valid for three (3) years from the date of certifying party signature.